



**COUNTY OF ROCKINGHAM
&
ROCKINGHAM COUNTY PUBLIC SCHOOLS
REQUEST FOR PROPOSAL
HEALTH INSURANCE COVERAGE**

2015

RFP Issue Date: March 2, 2015

Proposals Due: March 31, 2015

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GENERAL INFORMATION

Issue Date: March 2, 2015

Project: Health, Prescription, and Vision Insurance for Rockingham County and Rockingham County Public Schools. Option to provide Employee Assistance Program.

Issuing Entity:

Mail to: County of Rockingham
Department of Human Resources
20 East Gay Street
Harrisonburg, VA 22802

Hand Deliver to: County of Rockingham
Department of Human Resources
20 East Gay Street
Harrisonburg, VA 22802

The County will receive sealed proposals until 4:00 PM, March 31, 2015, for furnishing Health Insurance coverage to employees and dependents of Rockingham County and Rockingham County Public Schools. Inquiries for information in writing should be directed to Scot Chancy, BB&T Insurance Services, 113 South Wayne Avenue, Waynesboro, VA 22980; schancy@bbandt.com.

IF PROPOSALS ARE MAILED OR HAND DELIVERED, DELIVER TO: Rockingham County Administration Center, Director of Human Resources' Office, 20 East Gay Street, Harrisonburg, Virginia 22802.

SECTION I PROCEDURAL REQUIREMENTS

1.1 PURPOSE:

The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified firms (Offerors) to establish an agreement(s) through competitive negotiations associated with providing a Group Health Insurance Benefits Program to the employees and eligible retirees and their dependents of the County of Rockingham government and other related agencies such as; the Rockingham County Public Schools, Massanutten Technical Center, and the Harrisonburg Rockingham Social Services District (hereinafter referred to collectively as “the County”).

A Request for Proposal (RFP) is being utilized in lieu of an Invitation to Bid (ITB) as deemed in the best interest of the County due to the nature of the agreement.

The County’s objective is to provide employees with a quality, affordable health insurance program responsive to the needs of the employee and dependent(s). As you will see, this will be accomplished by a single health insurance benefit program for all entities.

Offerors are not limited to the specific plan designs developed in the RFP. It is the County’s desire to solicit all available programs in the employee service area.

1.2 SCOPE OF SERVICES

The Offeror shall provide necessary quality medical care to all eligible employees, retirees and their dependents.

The Offeror shall provide system personnel and services necessary for efficient administration of the program(s). This shall include but not limited to:

- Maintaining membership files for all covered persons.
- Maintaining central claims processing and customer service capabilities.
- Ability to accept claims from and reimburses directly to providers of service.
- Providing explanations of benefits paid to insureds and accurately reporting current status of deductibles, co-payments, and out-of-pocket limits.
- Providing monthly or weekly accounting statements by benefit plan and employer showing enrollment, claims paid, and claims exceeding the stop loss limit.
- Accurate data tracking and reporting including utilization reports, savings analysis and claims lag studies upon request.
- Preparing communication materials to explain the plan to eligible employees. Communication materials will be reviewed and approved by the County prior to distribution to employees.
- Assisting in the implementation of the plan including conducting informational and enrollment meetings as needed.
- Providing each enrollee a summary plan description outlining and identifying covered services, exclusions, and claims filing procedures and continuation coverages. The summary plan description must meet all applicable state and federal laws.
- Providing all enrolled employees and dependents with an identification card in a

timely fashion.

- Providing plan summaries and communication materials to all employees as well as communicating benefit options during open enrollment periods.
- Providing annual renewal proposal no later than 180 calendar days prior to the annual agreement effective date.
- Providing legal, actuarial and other services as required assuring the necessary and appropriate administration of the programs.
- Providing local and toll free customer service phone and email access.
- Providing an account representative responsible for the overall performance of the program including program administration and problem resolution. The account representative will visit the physical location of the Offeror as determined by the Offeror on a frequency no less than weekly.
- Confirm ability to support the Affordable Care Act in all aspects.

The Offeror shall provide a no loss/no gain provision to all participants as of the agreement date. Actively at work requirements is to be waived as well as pre-existing condition waiting periods for all covered employees and dependents.

The Offeror shall maintain claims fiduciary responsibility for the plan for all program(s) administered. In addition, the Offeror will coordinate reinsurance agreements necessary for the administration of the program(s).

The Offeror shall provide cost containment services including but not limited to hospital pre-certification, utilization review, large claims case management and review of high cost outpatient services.

The Offeror will provide financial assistance in establishing a health and wellness program for the County and Schools. See Section III for details of the requirements of the Wellness Program.

The Offeror must agree that at termination of the agreement all required data and records necessary to administer the healthcare program shall be transferred to the new Offeror within a thirty (30) calendar day notice of termination.

1.3 RFP RESPONSE:

In order to be considered for selection, Offerors must submit a complete response to this RFP, including responses to all pertinent questions in the Reference Questionnaire document. One (1) original and ten (10) copies of each proposal must be submitted.

1.4 PROPOSAL PREPARATION:

- A. An authorized representative of the Offeror shall sign proposals. All information requested must be submitted. Failure to submit all information requested may result in the proposal being considered unresponsive. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
- B. Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

- C. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.
- D. Ownership of all data, materials and documentation originated and prepared for the County pursuant to the RFP shall belong exclusively to the County and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protection prior to or upon submission of the data or other materials, and must identify the data or other materials to be protected and state the reasons why protection is necessary.

1.5 SPECIFIC PROPOSAL REQUIREMENTS:

A. Proposals should be as thorough and detailed as possible so that the County and County Schools may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following items as a complete proposal:

1. The return of this complete RFP signed and filled out as required.
2. Complete Data Sheet (Note: This should be included as an attachment to the RFP.)
3. A written narrative statement to include:
 - (1) Experience in providing the services described herein.
 - (2) Names, qualifications and experience of personnel to be assigned to the project.
 - (3) Resumes of staff to be assigned to the project.
4. Response to the questions included in the attached Reference Questionnaire.

B. Format

Section 1 – Executive Summary and Narrative on Adherence to Requirements

Section 2 – Quotations

County of Rockingham, Rockingham County Public Schools, as a combined group, current plan shall be quoted as a self-insured agreement, with optional funding including increasing Specific Stop Loss to either \$175,000 or \$200,000, as well options to remove Aggregate Stop Loss coverage.

Group is grandfathered. Please provide an option to include all aspects of the women's preventive, etc. as a non-grandfathered plan.

Section 3 – GEO access report for plan(s) proposed.

Section 4 – Disruption Analysis

A – Medical Provider Disruption Report (see attached providers)

your B – See attached top 100 medications. Please indicate tier of formulary for prescription drug plan offering.

Section 5 – Responses to reference questionnaire

Section 6 – Sample Agreement

Section 7 – Example of management reports

Section 8 – Annual reports and/or financial statements.

1.6 EVALUATION CRITERIA:

The evaluation criteria and weighting is as follows:

	Maximum Points	Score
1. Qualifications, experience and financial strength of Insurance carrier and their ability to provide the desired services	20	
2. Coverage area of providers and facilities under Contract by insurer, and depth of providers and Facilities under contract with Insurer	20	
3. Quality of benefit programs offered	20	
4. Cost of services. Indicate various options available for providing required services.	20	
5. References	10	
6. Overall completeness and quality of proposal of the offeror's approach and plan to provide the required services.	10	
Total	100	

Scoring ranges are based on category judged.

Excellent equals 100% of available points to 0% for Unacceptable scoring in a given category.

1.7 EVALUATION FACTORS AND AWARD

The County shall select two (2) or more offerors deemed to be fully qualified and best suited among those submitting proposals, on the basis of the factor involved in the request for proposal, including price if so stated in the request for proposal. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, the Board of Supervisors and School Board shall select the offeror which, in its opinion, has made the best proposal, and shall award the agreement to that offeror. Should the Board of

Supervisors and School Board determine in writing and in its sole discretion that only one (1) offeror is fully qualified, or that one (1) offeror is clearly more highly qualified than the others under consideration, an agreement may be negotiated and awarded to that offeror.

1.8 PROPOSAL ACCEPTANCE PERIOD:

Any proposal resulting from this solicitation shall be valid for ninety (90) calendar days. At the end of the ninety (90) calendar days the proposal may be withdrawn at the written request of the Offeror. If the bid or proposal is not withdrawn at that time it remains in effect until an award is made or the solicitation is canceled.

1.9 TIMELINE FOR AWARD

March 2, 2015	Release Data to Insurance Carriers
March 10, 2015	Written questions due to Scot Chancy, BB&T Insurance Services
March 17, 2015	Responses to Questions Released
March 31, 2015	RFP due to County of Rockingham
April 1 – April 30, 2015	Review Proposals
May 4 – May 8, 2015	Finalist Negotiations
June, 2015	Board of Supervisors and School Board to Approve / Make an Award
TBD	Open Enrollment Begins
TBD	Employee Meetings
TBD	Enrollment Information to Carrier
TBD	ID Cards to be Issued and Mailed
October 1, 2015	Program Begins

1.10 IDENTIFICATION OF PROPOSAL ENVELOPE:

The signed proposal should be returned in a separate envelope or package, sealed and identified as follows:

From: _____
Name of Offeror Due Date Time

_____ RFP – Health Insurance
Street or Box Number

County and City, State, Zip Code

The envelope should be addressed as directed on Page 1 of the solicitation.

SECTION II GENERAL TERMS AND CONDITIONS

2.1 PURCHASING AND AGREEMENT/AGREEMENTING POLICY:

This solicitation is subject to the provisions of Chapter 2, Article X, Centralized Procurement, Code of the County of Rockingham and any revisions thereto, which are hereby incorporated into this agreement in their entirety. A copy of the Code is available for review in the Rockingham County Administrator's Office, 20 East Gay Street, Harrisonburg, Virginia.

2.2 APPLICABLE LAWS AND COURTS:

This solicitation and any resulting agreement shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Offeror shall comply with applicable federal, state and local laws and regulations.

2.3 ANTI-DISCRIMINATION:

By submitting their proposal, Offeror certifies to Rockingham County that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Act of 1975, as amended, where applicable, and Division 8, Article X of Chapter 2 of the Rockingham County Code which provides:

In every agreement over \$10,000 the provisions in 1 and 2 below apply:

1. During the performance of this agreement, the Offeror agrees as follows:

- a. The Offeror will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Offeror. The Offeror agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
- b. The Offeror, in all solicitations or advertisements for employees placed by or on behalf of the Offeror, will state that such Offeror is an equal opportunity employer.
- c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this Section.

2. The Offeror will include the provisions of 1 above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

2.4 ETHICS IN PUBLIC AGREEMENT:

By submitting a proposal, Offeror certifies that the proposal is made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other Offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction

any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.

2.5 IMMIGRATION REFORM AND CONTROL ACT OF 1986:

By submitting their bids or proposals, the Offeror certifies that they do not and will not during the performance of this agreement employ illegal alien workers or otherwise violate the provision of the Federal Immigration Reform and Control Act of 1986.

2.6 MANDATORY USE OF COUNTY FORMS AND TERMS AND CONDITIONS:

Return of the complete document is required. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the County reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.

2.7 CLARIFICATION OF TERMS:

If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror should contact the County no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the County.

2.8 PRECEDENCE OF TERMS:

Paragraphs 2.1 - 2.7 of these General Terms and Conditions shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

2.9 AGREEMENT TERMS.

This Agreement shall be effective as of 12:01 a.m., October 1, 2015, for an initial term ending September 30, 2016. Unless either party delivers written notice of renewal to the other party at least 120 days prior to the expiration of the then-existing term, this Agreement shall terminate upon the expiration of the then-existing term. By agreement of both parties, the agreement may be renewable as mutually negotiated for three one year periods, beginning on October 1st of each year.

2.10 PAYMENT TERMS:

Any payment terms requiring payment in less than 30 calendar days will be regarded as requiring payment 30 calendar days after invoice or delivery, whichever occurs last. However, this shall not affect offers of discounts for payment in less than 30 calendar days.

2.11 TERMINATION.

This Agreement may be sooner terminated on the first to occur of the following:

A. Termination by Agreement. In the event the County and Offeror mutually agree in writing,

this Agreement may be terminated on terms and date stipulated therein.

- B. Termination for Default. In the event either party shall give notice to the other that such other party has materially defaulted in the performance of any of its obligations hereunder and such default shall not have been cured within thirty (30) days following the giving of such notice, the party given notice shall have the right immediately to terminate this Agreement. The County reserves the right to cancel the agreement immediately in the event of violations of law, safety or health standards and regulations.
- C. Termination by Offeror for Special Situations. Offeror may terminate this Agreement immediately upon the occurrence of any of the following:
- (1) Failure of the governing body of the County of Rockingham, Virginia or the Rockingham County Public School Board to authorize or appropriate funds sufficient to meet their respective obligations hereunder;
 - (2) Disavow or repudiation of this agreement by any authorized agent of the County of Rockingham or the Rockingham County Public School Board;
 - (3) Insolvency, bankruptcy, or receivership of the County of Rockingham or the Rockingham County Public School Board.

2.12 QUALIFICATIONS OF OFFERORS

The County may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the work and the Offeror shall furnish to the County all such information and data for this purpose as may be requested. The County further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such Offeror fails to satisfy the County that such Offeror is properly qualified to carry out the obligations of the agreement and so contemplated therein.

Offeror shall not assign this Agreement to any other corporation without the express written consent of the Count. The County and Offeror each binds itself, its successors, assigns, and legal representatives of such other party in respect to all covenants, agreements and obligations contained herein.

SECTION III SPECIAL TERMS AND CONDITIONS

3.1 NOTICE

All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the appropriate party at the following address or such other address as may be given in writing to the parties:

COUNTY:
County of Rockingham
Joseph S. Paxton
County Administrator
20 East Gay Street
Harrisonburg, Virginia 22802

WITH A COPY TO:
County of Rockingham
Jennifer Mongold
Director of Human Resources
20 East Gay Street
Harrisonburg, VA 22802

SCHOOLS:
Rockingham County Public Schools
Dr. Carol Fenn
Superintendent
100 Mount Clinton Pike
Harrisonburg, VA 22802

WITH A COPY TO:
Rockingham County Public Schools
Suzan Guynn
Director of Human Resources
100 Mount Clinton Pike
Harrisonburg, VA 22802

3.2 WELLNESS COORDINATOR AND WELLNESS PROGRAM

The Offeror will provide services equivalent to a full time (40 hours per workweek) Wellness Coordinator to be assigned solely to service Rockingham County and Rockingham County Public Schools. In addition, the Offeror shall specify an additional amount per plan year to be used for promotion, screening, or other wellness related activities as determined by the Wellness Coordinator. Offeror shall specify the not-to-exceed total cost of this program.

**SECTION IV
HEALTH PLAN SPECIFICATIONS**

**COUNTY OF ROCKINGHAM
ROCKINGHAM COUNTY PUBLIC SCHOOLS**

4.1 BENEFITS

SEE ATTACHED BENEFIT SUMMARY SHEET

4.2 INSURER

ANTHEM BLUE CROSS / BLUE SHIELD CURRENT AGREEMENT AGREEMENT BEGAN
JULY 1, 2011

4.3 FUNDING

SELF INSURED (ASO), \$150,000 SPECIFIC STOP LOSS PROVISION, 115%
AGGREGATE STOP LOSS. THE ASO PLAN BEGAN OCTOBER 1, 2007. PLEASE
PROVIDE OPTIONS TO INCREASE THE SPECIFIC STOP LOSS TO \$175,000 AND
\$200,000 AS WELL AS OPTIONS REMOVING THE AGGREGATE STOP LOSS
COVERAGE.

4.4 ELIGIBILITY

COUNTY: FULL TIME EMPLOYEES, PART-TIME EMPLOYEES HIRED PRIOR TO
JANUARY 1, 2014 WORKING AT LEAST 20 HOURS PER WEEK IN SPECIFIED
POSITIONS, AND RETIREES TO AGE 65 OR MEDICARE ELIGIBLE.

SCHOOLS: FULL TIME EMPLOYEES, PART-TIME EMPLOYEES WORKING AT
LEAST HALF TIME (.5 FTE) IN SPECIFIED POSITIONS, AND RETIREES TO AGE 65 OR
MEDICARE ELIGIBLE, PER SCHOOL BOARD POLICY.

4.5 WAITING PERIOD

FIRST OF MONTH FOLLOWING EMPLOYMENT

4.6 CURRENT EMPLOYER CONTRIBUTION

SCHOOLS:

91 % FOR EMPLOYEE ONLY
74% FOR EMPLOYEE AND CHILD
74% FOR EMPLOYEE AND CHILDREN
74% FOR EMPLOYEE AND SPOUSE
74% FOR FAMILY

COUNTY:

90% FOR EMPLOYEE ONLY
76% FOR EMPLOYEE AND CHILD
76% FOR EMPLOYEE AND CHILDREN

76% FOR EMPLOYEE AND SPOUSE
74% FOR FAMILY

4.7 PARTICIPATION

TOTAL ELIGIBLE SCHOOLS EMPLOYEES: APPROX. 1902
TOTAL PARTICIPATING SCHOOL EMPLOYEES: APPROX. 1583

TOTAL ELIGIBLE COUNTY EMPLOYEES: APPROX. 585
TOTAL PARTICIPATING COUNTY EMPLOYEES: APPROX. 483

SECTION V PRICE QUOTATION

Price quotation should be based on the enclosed information and provided as follows:

- A. Current Benefits self-insured. County and Schools are to be combined into one price group. County and Schools have the same plan at this time.
- B. If current plan cannot be duplicated you may provide a comparable plan of your design. All deviations must be identified. Recommended plan designs are permitted.
- C. Format
 - 1. All proposals are to be net of commissions. If commissions must be included they must be shown separately.
 - 2. All deviations from plan designs shown in RFP must be clearly identified.
 - 3. All price quotations must include underwriting exhibits including projected claims, expected provider savings, individual reinsurance fees, individual administrative expenses, total expected cost, total maximum cost and IBNR estimates. Mature year estimates are to be included for illustrative purposes.
 - 4. All quotes should be provided in the current format of employee only, employee and child, employee and children, employee and spouse, and employee and family.

SECTION VI REFERENCE QUESTIONNAIRE

Please answer the following questions to the extent they apply to the program(s) you are offering. If the question does not apply to your program(s), please indicate such and give explanation. Any supplemental materials or documents may be included elsewhere in the proposal. The location must be stated in the question and the document clearly identified.

6.1 ORGANIZATIONAL CAPABILITIES

A. ADMINISTRATION

1. Provide a brief description of your company including size, organizational structure, business location and primary service areas.
2. Identify the location of the claims office through which claims service would be provided for this account.
3. Provide the name, address and phone number of the account representative or primary contact for this account.
4. Please provide your company's most recent annual report and quarterly financial statements since the last annual report.
5. Please report most recent industry ratings by A.M. Best, Weiss and Standard & Poor's.
6. Identify all third parties and subcontractors that will be involved with or assisting in the administration or re-insurance of this account.
7. List at least three firms including public sector entities similar in size for which you provide group health insurance. Include only those you have insured over two consecutive years. Include firm, contact and telephone number.

B. ENROLLMENT AND MEMBER SERVICES

1. Describe your enrollment process. What materials are distributed at enrollment meetings? Who will be presenting the employer annual enrollment sessions?
2. Describe your current billing procedures. Include information on the timing for billing/payment reconciliation and monthly changes in enrollments.
3. How long after receipt of enrollment forms do members receive their ID cards?
4. How do you notify member when a provider is added or deleted from the network? How long do you give members to change PCPs if there is a deletion?
5. Please describe the qualifications, training and experience of the customer service representatives who will answer calls from members.
6. What are your customer service hours of operations?

C. CLAIMS ADMINISTRATION

1. Are employees required to submit claim forms in-network, out-of-network? Describe the process.
2. What is your average turnaround time on a clean claim? An investigated claim?
3. Do providers and employees receive payment advice or explanation of benefits? Please provide examples.
4. What are your quality control standards for payment accuracy? How is performance monitored? Can performance results be reported to the County? Would you be willing to offer performance guarantees?
5. How are your claims processors evaluated? Please identify the relative importance quantity vs. quality.
6. Please identify your method of determining usual and customary fees. How often is U & C updated?
7. What system do you have in place to identify fraudulent claims?
8. How does your system identify possible upcoding or unbundling of claims?
9. How will your company assist the employer in subrogation of claims, if applicable and permissible?
10. Provide performance standard and guarantees for claims inventory, processing of claims, ID cards to be issued and mailed and response time for answering inbound phone calls.
11. Please describe transition of care procedures for members in the course of treatment and / or for whom have had services or prescriptions previously approved prior to any change in carrier.

6.2 NETWORK MANAGEMENT

A. CONTRACTING AND QUALITY ASSURANCE

1. Exactly what process is used in selecting providers? What formal certification is required? How often is it updates and checked?
2. Do you have an ongoing measurement process for evaluating membership satisfaction with providers and measure the outcome of care delivered to patients?
3. What grievance procedures are in place if a member is dissatisfied with provider availability or care received?
4. What percentage of plan providers are Board certified?
5. What is your annual network turnover rate? Please identify for each product/network proposed.
6. Describe the method of reimbursement used for physicians, specialist, and hospitals.
7. Identify current networks of providers by inclusion of your most recent directory including additions.
8. Identify all local network hospitals and their agreement effective date and length of the agreement.

9. Identify any and all in-hospital services not included in current networks.
10. For all programs offered please identify the total number of physicians participating, percentage of participation and percentage of PCPs accepting new patients.
11. How often and what is the process for changing PCPs?
12. How can the employer or employees recommend providers for possible inclusion in the network?
13. Please address how you would handle employees and retirees outside of your service area? Please identify those by GEO access report.
14. Is your HMO, PPO, or POS NCQA accredited? If not, what is the current status? Provide HEDIS information if applicable.
15. State your agreement terms with Rockingham Memorial Hospital and the duration of such agreement.

B. NETWORK MANAGEMENT

1. Must PCPs receive permission before making referral to specialist?
2. Under what conditions can a PCP refer a patient outside of the network?
3. In what areas of care are centers of excellence utilized? Please identify current providers under these programs.
4. How much advance notice is required for a provider to cancel their agreement with your company? How are participants informed?
5. Please respond to the following in relation to type of programs offered in your proposal. Would the following claims be treated as in-network or out-of-network?
 - a) Admission of a patient to a network hospital by a non-network physician.
 - b) Treatment of a patient by a non-network provider in a network hospital.
 - c) Emergency treatment of a patient by a non-network provider(s).
6. Please explain your referral process.
7. Please explain any risk sharing arrangements with providers and/or financial incentives or disincentives for performance.
8. Can females self-refer to an OB/GYN? If so, under what conditions?
9. Please complete the allowance schedule in the exhibit section.
10. Do you have a process for monitoring provider's administrative performance? Please explain.
11. Do you expect any changes in participation of providers from October 1, 2015 to September 30, 2016?

6.3 UTILIZATION AND MEDICAL MANAGEMENT

- A. What criteria do you use for determining length of stay?
- B. How do you determine appropriateness of care?

- C. How are emergency admissions identified and handled? What criteria are used to determine if an admission is an emergency?
- D. Is mental health and substance abuse utilization review a separate functional area, or is it part of your regular medical utilization review program?
- E. Who is at risk for inappropriate and /or unnecessary care? Member? Provider (if in network)? Plan Sponsor? Your Company? Please explain.
- F. Please describe your continued stay process.
- G. Please explain your appeals process available to members and/or providers.
- H. Explain any pre-authorization of services and list such requirements.

6.4 EMPLOYEE ASSISTANCE PROGRAM SERVICES

- A. The basic program of the EAP vendor will be to provide up to three (3) sessions of confidential face-to-face counseling for employees, their family members and household members for emotional well-being such as relationship difficulties, mental health concerns, life cycle events, family issues, additional stress and grief or loss.
- B. Critical Incident Stress Management Services for events that are unexpected, acute, stressful and exceed the normal coping capabilities of individuals. The EAP vendor shall provide immediate phone consultations, on-site management consultations and critical incident stress management debriefings and follow up services as indicated when such an event occurs in the workplace. The goal will be to minimize the damage created by trauma and speed the recovery process for the individuals and the departments involved.
- C. Employee Orientation – For product roll-out and ongoing orientations, EAP vendor will provide all materials to be given to employees during orientation and throughout the year.
- D. Legal Consultations and Referrals – Financial consultation and referrals to be available to provide free telephonic consultations on most financial issues including credit/debt issues, tax filing, budgeting, estate /retirement planning, bankruptcy and identity theft.
- E. EAP vendor will identify resources available to our employees and their families which offer a free 30 minute consultations with an attorney. The EAP vendor shall identify additional legal services which are available at a 25 percent discount from customary fees. Examples of legal issues to be included but not limited to are: civil/consumer issues, criminal matter, IRS matter, personal injury, personal/family legal services, estate planning law, wills, advance directives, power of attorney issues and real estate.

- F. The EAP vendor shall provide a Certified Employee Assistance Professional specializing in elder care. This individual shall be available to meet with the employee and / or family member about their specific concerns and provide concrete resource information, help with problem solving, develop long term care plans or provide individual / group counseling sessions.
- G. For employee or family emergencies, EAP counselors will provide same day appointments. For after-hours emergencies at least one professional will be on call at all times to provide emergency telephone counseling, guidance and support as needed.
- H. The EAP vendor will assist with emphasizing the importance of illness and disease prevention and health promotions. This will be accomplished with employee education programs geared towards increasing awareness and recognition of their personal/emotional health risk factors. Vendors will provide up to a minimum of 12 sessions per year including but not limited to brown bag lunches, workshops, webinars or other types of educational seminars.
- I. The EAP vendor will provide at a minimum 2 educational and training sessions for all supervisors, managers and administrators annually. Sessions will be held to accommodate all staff and be conducted at locations and times mutually determined by the EAP staff and Rockingham County and Schools. Time and content of the training programs will be tailored to meet the specific needs of each target group.
- J. If, after the three sessions of confidential face-to-face counseling sessions, an employee or family member needs additional services, the EAP will refer the employee to a counselor that participates with their medical insurance carrier.
- K. Please provide a sample copy of your utilization reports.
- L. Please provide cost of Employee Assistance Program. Please reflect as an option in your pricing.

6.5 OTHER

- A. Please provide samples of all monthly claims and expense reports, quarterly utilization reports and network or managed care savings reports.
- B. Would you be willing to offer any administrative guarantees or rate caps for the second and third years of this agreement?
- C. Would you be willing to offer any specific or aggregate stop loss guarantees or rate caps for

the second and third years of this agreement?

- D. Please provide sample administrative services agreement, aggregate and specific stop loss agreements, and other related agreements that you expect the County to sign.
- E. Describe your banking arrangements for weekly payment of invoiced claims.
- F. Does your specific stop loss insurance carrier provide advanced claims funding once the specific limit is met?
- G. Provide examples of stop loss reports.
- H. Is the maximum out of pocket considered to be embedded or non-embedded for coverage of employee and other family members?
- I. Enclosed in this RFP is a file containing claims information that is structured in a manner that will allow you to re-price the claims. Please use prospective pricing based on any current or near future discounts, agreements for services, or other pertinent pricing options in order to provide a clear comparison.
- J. Provide network savings guarantee.

DATA SHEET (Must be completed by all Offerors)

REQUEST FOR PROPOSALS

Issue Date: March 2, 2015

Title: Health Insurance

Issuing Entity: County of Rockingham Board of Supervisors

Mail to: County of Rockingham
P.O. Box 1252
Harrisonburg, VA 22803-1252

Hand Deliver to: Department of Human Resources
Rockingham County Administration Center
20 East Gay Street
Harrisonburg, VA 22802

The County will receive sealed proposals until 4:00 PM, March 31, 2015, for furnishing Health Insurance coverage to employees and dependents of Rockingham County and Rockingham County Public Schools. Inquiries for information in writing should be directed to Scot Chancy, BB&T Insurance Services, 113 South Wayne Avenue, Waynesboro, VA 22980; schancy@bbandt.com.

IF PROPOSALS ARE MAILED OR HAND DELIVERED, DELIVER TO: Rockingham County Administration Center, Director of Human Resources' Office, 20 East Gay Street, Harrisonburg, Virginia 22802.

In compliance with this request for proposals and to all the conditions imposed herein. The undersigned offers and agrees to furnish the services in accordance with the attached-signed proposal or as mutually agreed upon by subsequent negotiation.

Names and Address of Firm:

Date: _____
By: _____
Title: _____

FEI/FIN NO. _____ Telephone No. (____) _____
Fax No. (____) _____

Sample agreement

County of Rockingham
Agreement for Services

This agreement entered into this _____, of _____, 2015, by _____, hereinafter called the "Agreement" and the Rockingham County Board of Supervisors and the Rockingham County Public Schools Board hereinafter collectively called the "County."

WITNESSETH that the Offeror and the County, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Offeror shall provide the service to the County as set forth in the Agreement Documents.

PERIOD OF AGREEMENT: _____ through _____.

AGREEMENT DOCUMENTS: These Agreement Documents shall consist of this signed Agreement, the description or scope of work, general terms and conditions, special terms and conditions, specifications, and other data contained in the Request for Proposals dated March 2, 2015, together with all written modifications thereof and the proposal submitted by the Offeror dated _____ and modification dated _____, all of which documents are incorporated herein.

IN WITNESS WHEREOF, the parties have caused this agreement to be duly executed intending to be bound hereby.

OFFEROR:

By: _____

Name _____

Title: _____

ROCKINGHAM COUNTY BOARD OF
SUPERVISORS:

By: _____

Name: _____

Title: _____

ROCKINGHAM COUNTY PUBLIC
SCHOOLS BOARD:

By: _____

Name: _____

Title: _____

EXHIBITS
AND
ATTACHMENTS